



OFFICIAL RECORDS OF
PINAL COUNTY RECORDER
VIRGINIA ROSS

RECORDING REQUESTED BY:
Long Title Agency, Inc.
AND WHEN RECORDED MAIL TO:
William A. Coombs and Jane D.
Coombs
36243 S. Wind Crest Drive
Saddlebrooke, AZ 85739

DATE/TIME: 08/10/2016 1034
FEE: \$20.00
PAGES: 5
FEE NUMBER: 2016-052772



ESCROW NO.: 600-68656-PTW
099-033592

SPACE ABOVE THIS LINE FOR RECORDER'S USE

WARRANTY DEED

For the consideration of Ten Dollars, and other valuable considerations, I or we,

James L. Calvin and Katherine A. Calvin, Trustees, or thei successors in trust, of The Calvin Revocable Living Trust dated August 16, 2000

do/does hereby convey to

William A. Coombs and Jane D. Coombs, husband and wife, as community property with right of survivorship

the following real property situated in Pinal County, State of Arizona:

See Exhibit "A" attached hereto and made a part hereof.

SUBJECT TO: Current taxes and other assessments, reservations in patents and all easements, rights of way, encumbrances, liens, covenants, conditions, restrictions, obligations, and liabilities as may appear of record.

And I or we do warrant the title against all persons whomsoever, subject to the matters set forth above.

Dated: July 26, 2016

Grantors:

The Calvin Revocable Living Trust dated August 16, 2000

BY: 
James L. Calvin, Trustée

BY: 
Katherine A. Calvin, Trustée

Escrow No.: 600-68656-PTW

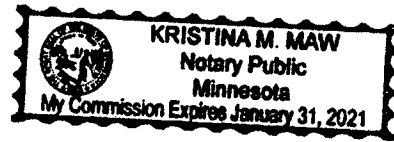
State of Minnesota }ss:
County of Washington

On this 28th day of July, 2016, before me,

FOR NOTARY SEAL OR STAMP

The Undersigned
a Notary Public in and for said County and State, personally
appeared James L. Calvin and Katherin A. Calvin
as Trustee of The Calvin Revocable Living Trust dated August
16, 2000

personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument
WITNESS my hand and official seal.



Notary Public: Kristina M. Maw

My Commission Expires: January 31, 2021

(Large, faint, diagonal watermark text, likely "FFCS")

DATE: July 25, 2016

ESCROW NO.: 600-68656-PTW

TRUST DECLARATION

Disclosure of Beneficiaries

Pursuant to ARS 33-404, the names of the beneficiaries of the Declaration of Trust dated, August 16, 2000 are as follows:

Name: James L. Calvin

Address: 5450 Nolan Parkway Apt #209, Oak Park Heights MN 55082

Name: Katherine A. Calvin

Address: 5450 Nolan Parkway Apt #209, Oak Park Heights MN 55082

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

By: *James L. Calvin*
(Signature of Trustee)

Katherine A. Calvin
(Signature of Trustee)

as Trustee(s) of The Calvin Revocable Living Trust

(This document will be recorded at the Close of Escrow attached to the Deed)

ESCROW NO.: 600-68656-PTW
099-033592

**ACCEPTANCE OF COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP**

William A. Coombs and Jane D. Coombs, husband and wife, as community property with right of survivorship each being first duly sworn upon oath each for himself or herself and jointly but not one for the other deposes and says,

THAT I am one of the Grantees named in that certain Deed attached hereto and which is dated July 26, 2016, and executed by **James L. Calvin and Katherine A. Calvin, Trustees, or thei successors in trust, of The Calvin Revocable Living Trust dated August 16, 2000** as Grantors, to **William A. Coombs and Jane D. Coombs, husband and wife, as community property with right of survivorship** as Grantees, and which conveys certain premises described as:

See Exhibit "A" attached hereto and made a part hereof.

to the Grantees named therein, not as Tenants in Common, not as a Community Property Estate, nor as Joint Tenants with Right of Survivorship, but as Community Property with Right of Survivorship.

THAT each of us individually and jointly as Grantees hereby assert and affirm that it is our intention to accept said conveyance as such Community Property with Right of Survivorship and to acquire any interest we may have in said premises under the terms of said Deed as Community Property with Right of Survivorship.

Dated: July 25, 2016

Grantee(s):

William A. Coombs
William A. Coombs

Jane D. Coombs
Jane D. Coombs

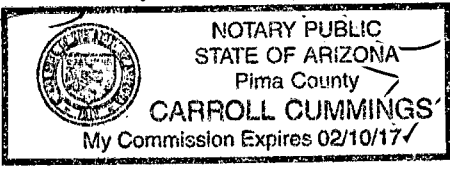
State of Arizona)ss:
County of Pima

On this 8 day of AUG, 2016, before me,
The Undersigned

a Notary Public in and for said County and State, personally appeared William A. Coombs and Jane D. Coombs personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument
WITNESS my hand and official seal.

FOR NOTARY SEAL OR STAMP

Notary Public: [Signature]
My Commission Expires: 2/10/17



ESCROW NO.: 600-68656
099-033592

EXHIBIT "A"

Lot 29 of SADDLEBROOKE UNIT FOURTEEN, a subdivision of Pinal County, Arizona, according to the map or plat of record, in the office of the County Recorder in Cabinet B, Slide 131.

EXCEPTING pursuant to the provisions of the Act of August 1, 1946 (60 Stat. 755), all uranium, thorium, or any other material which is or may be determined to be peculiarly essential to the production of fissionable materials, whether or not of commercial value, as set forth in the Patent recorded in Docket 56, Page 40;

EXCEPT all water, oil, gas, minerals and rights thereto.

CPWROS

AFFIDAVIT OF PROPERTY VALUE

FOR RECORDER'S USE ONLY	
COUNTY OF RECORDATION	PINAL
FEE NO	2016-052772
RECORD DATE	08/10/2016

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)
 Primary Parcel: 305-77-029
 BOOK MAP PARCEL SPLIT
 Does this sale include any parcels that are being split / divided?
 Check one: Yes No
 How many parcels, other than the Primary Parcel, are included in this sale? 0
 Please list the additional parcels below (attach list if necessary):
 (1) _____ (2) _____
 (3) _____ (4) _____

2. SELLER'S NAME AND ADDRESS:
The Calvin Revocable Living Trust dated August 16, 2000
5450 Nolan Parkway Apt #209
Oak Park Heights, MN 55082

3. (a) BUYER'S NAME AND ADDRESS:
William A. Coombs and Jane D. Coombs
12995 N. Oracle Rd, #141-193
Tucson, AZ 85739
 (b) Are the Buyer and Seller related? Yes No
 If Yes, state relationship: _____

4. ADDRESS OF PROPERTY:
36243 S. Wind Crest Drive
Saddlebrooke, AZ 85739

5. (a) MAIL TAX BILL TO: (Taxes due even if no bill received)
William A. Coombs and Jane D. Coombs
36243 S. Wind Crest Drive
Saddlebrooke, AZ 85739
 (b) Next tax payment due October 2016

6. PROPERTY TYPE (for Primary Parcel): NOTE: Check Only One Box
 a. Vacant Land f. Commercial or Industrial Use
 b. Single Family Residence g. Agricultural
 c. Condo or Townhouse h. Mobile or Manufactured Home
 d. 2-4 Plex Affixed Not Affixed
 e. Apartment Building i. Other Use; Specify _____

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d or h in Item 6 above, please check one of the following:
 To be used as a primary residence
 To be rented to someone other than a "qualified family member."
 To be used as a non-primary or secondary residence.
See reverse side for definition of a "primary residence", "secondary residence" or "family member."

8. If you checked e or f in Item 6 above, indicate the number of units: _____
 For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc.

9. TYPE OF DEED OR INSTRUMENT (Check Only One Box):
 a. Warranty Deed d. Contract or Agreement
 b. Special Warranty Deed e. Quit Claim Deed
 c. Joint Tenancy Deed f. Other: _____

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

Signature of Seller / Agent Katherine A. Calvin
 State of Minnesota County of Washington
 Subscribed and sworn to before me this 28th day of July, 2016
 Notary Public Kristina M. Maw
 Notary Expiration Date January 31, 2021

10. SALE PRICE \$ 283000 00

11. DATE OF SALE (Numeric Digits): 08 / 2016
 Month / Year

12. DOWN PAYMENT \$ 7207 00

13. METHOD OF FINANCING
 a. Cash (100% of Sale Price)
 b. Barter or trade
 c. Assumption of existing loan(s)
 d. Seller Loan (Carryback)
 e. New loan(s) from financial institution
 (1) Conventional
 (2) VA
 (3) FHA
 f. Other financing; Specify: _____

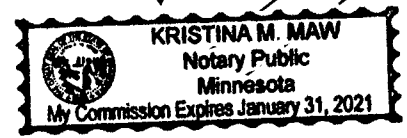
14. PERSONAL PROPERTY (see reverse side for definition):
 (a) Did the Sale Price in item 10 include Personal Property that impacted the Sale Price by 5 percent or more? Yes No
 b) If Yes, provide the dollar amount of the Personal Property: \$ 00 AND
 briefly describe the Personal Property: _____

15. PARTIAL INTEREST: If only a partial ownership interest is being sold, briefly describe the partial interest: _____

16. SOLAR / ENERGY EFFICIENT COMPONENTS:
 (a) Did the Sale Price in Item 10 include solar energy devices, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes No
 If Yes, briefly describe the solar / energy efficient components: _____

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):
Title Security Agency, LLC
8500 N. Oracle Road, Suite 100
Oro Valley, AZ 85704
(520)229-9194

18. LEGAL DESCRIPTION (attach copy if necessary):
See Exhibit "A" attached hereto and made a part hereof.



AFFIDAVIT OF PROPERTY VALUE

1. ASSESSOR'S PARCEL IDENTIFICATION NUMBER(S)

Primary Parcel: 305-77-029
 BOOK MAP PARCEL SPLIT

Does this sale include any parcels that are being split / divided?

Check one: Yes No

How many parcels, other than the Primary Parcel, are included in this sale? 0

Please list the additional parcels below (attach list if necessary):

(1) _____ (2) _____
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2. SELLER'S NAME AND ADDRESS:

The Calvin Revocable Living Trust dated August 16, 2000
5450 Nolan Parkway Apt #209
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(b) Are the Buyer and Seller related? Yes No
 If Yes, state relationship: _____

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5. (a) MAIL TAX BILL TO: (Taxes due even if no bill received)

William A. Coombs and Jane D. Coombs
36243 S. Wind Crest Drive
Saddlebrooke, AZ 85739

(b) Next tax payment due October 2016

6. PROPERTY TYPE (for Primary Parcel): NOTE: Check Only One Box

- | | |
|--|---|
| a. <input type="checkbox"/> Vacant Land | f. <input type="checkbox"/> Commercial or Industrial Use |
| b. <input checked="" type="checkbox"/> Single Family Residence | g. <input type="checkbox"/> Agricultural |
| c. <input type="checkbox"/> Condo or Townhouse | h. <input type="checkbox"/> Mobile or Manufactured Home |
| d. <input type="checkbox"/> 2-4 Plex | <input type="checkbox"/> Affixed <input type="checkbox"/> Not Affixed |
| e. <input type="checkbox"/> Apartment Building | i. <input type="checkbox"/> Other Use; Specify _____ |

7. RESIDENTIAL BUYER'S USE: If you checked b, c, d or h in Item 6 above, please check one of the following:

- To be used as a primary residence
 To be rented to someone other than a "qualified family member."
 To be used as a non-primary or secondary residence.

See reverse side for definition of a "primary residence", "secondary residence" or "family member."

8. If you checked e or f in Item 6 above, indicate the number of units: _____

For Apartments, Motels / Hotels, Mobile Home / RV Parks, etc.

9. TYPE OF DEED OR INSTRUMENT (Check Only One Box):

- | | |
|--|---|
| a. <input checked="" type="checkbox"/> Warranty Deed | d. <input type="checkbox"/> Contract or Agreement |
| b. <input type="checkbox"/> Special Warranty Deed | e. <input type="checkbox"/> Quit Claim Deed |
| c. <input type="checkbox"/> Joint Tenancy Deed | f. <input type="checkbox"/> Other: |

THE UNDERSIGNED BEING DULY SWORN, ON OATH, SAYS THAT THE FOREGOING INFORMATION IS A TRUE AND CORRECT STATEMENT, OF THE FACTS PERTAINING TO THE TRANSFER OF THE ABOVE DESCRIBED PROPERTY.

SIGNED IN COUNTERPART

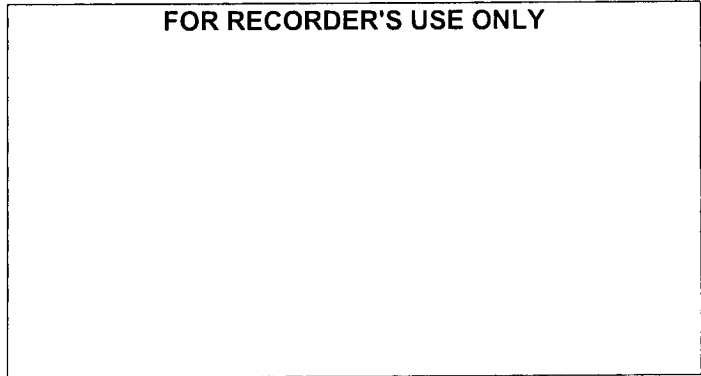
Signature of Seller / Agent _____

State of Minnesota County of _____

Subscribed and sworn to before me this _____ day of July, 2016

Notary Public _____

Notary Expiration Date _____



10. SALE PRICE \$ 283000 00

11. DATE OF SALE (Numeric Digits): 08 / 2016
 Month / Year

12. DOWN PAYMENT \$ 7207 00

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- | | |
|--|---|
| a. <input type="checkbox"/> Cash (100% of Sale Price) | e. <input checked="" type="checkbox"/> New loan(s) from financial institution |
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| c. <input type="checkbox"/> Assumption of existing loan(s) | (2) <input type="checkbox"/> VA |
| d. <input type="checkbox"/> Seller Loan (Carryback) | (3) <input checked="" type="checkbox"/> FHA |
| | f. <input type="checkbox"/> Other financing; Specify: _____ |

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briefly describe the Personal Property: _____

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briefly describe the partial interest: _____

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(a) Did the Sale Price in Item 10 include solar energy devices, energy efficient building components, renewable energy equipment or combined heat and power systems that impacted the Sale Price by 5 percent or more? Yes No

If Yes, briefly describe the solar, / energy efficient components: _____

17. PARTY COMPLETING AFFIDAVIT (Name, Address, Phone Number):

Title Security Agency, LLC

8500 N. Oracle Road, Suite 100

Oro Valley, AZ 85704

(520)229-9194

18. LEGAL DESCRIPTION (attach copy if necessary):

See Exhibit "A" attached hereto and made a part hereof.

Signature of Buyer/Agent _____

State of Arizona, County of Pinal

Subscribed and sworn to before me this 8 day of July, 2016

Notary Public _____

Notary Expiration Date 2/10/17

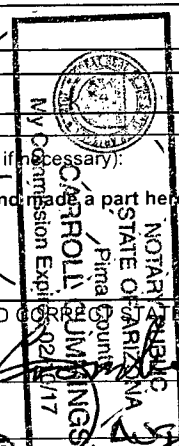


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HOFFMAN